ENT OF PI	UBII	C HEALTH AND WELFARE				_	<del></del>	
		egistration District No. 042	Primary Registration	n District No	Registrar's No.	221	STATE FILE 	NUMBER
MENDED		1. PLACE OF DEATH					sed lived. If institutio	
	l	a. COUNTY Buchanan	·		a. STATE Misso	uri b. cou	Buchanan	admission)
	j	b. CITY (If outside corporate limits, OR	give TOWNSHIP only)	Length of stay in 1b	c. CITY			Inside Limits
	I _	TOWN St. Joseph,		64 years			Missouri	Yes 🗆 No 🖠
		c. FULL NAME OF (If NOT in hospital HOSPITAL OR	al, give location)	Inside Limits	d. STREET ADDRESS	(If c	utside, give location)	Reside on Far
1	1_	INSTITUTION R.R. #2		Yes No X	R,	R. #2		Yes 🗀 No
+++	1-		irst	Middle	Last	4. DATE	Mosth Da	y Year
		(Type or print)	ARENCE EI	LSWORTH	GARDER	OF DEATH	ebruary 2	4 1962
1	_	S. SEX 6. COLOR C	· · · · · · · · · · · · · · · · · · ·				rthday) IF UNDER 1 YI	AR IF UNDER 24
111		Male Whit	Le Widowed	☐ Divorced ☐	May 17,188	76	Months Day	rs Hours M
1	7	a. USUAL OCCUPATION (Give kind of	work done 10b. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (C		ountry) 12. CITIZEN	OF WHAT COUNT
		during most of working life, even if Ret. Drugist	retired)	rug	Stevenson	Countar.	Tillingia	U.S.A.
	1	a. FATHER'S NAME		NOTHER'S MAIDEN NAM	AE COLVETIBOTE	14. NA/	ME OF HUSBAND OR W	
		Lewis S. Garder		Sarah Wilk	<b>A</b>	Лeя	nette Garde:	r
	1.	. WAS DECEASED EVER IN U.S. ARME	D FORCES?	OCIAL SECURITY NO	17. INFORMANT	1 0 0	Address	
	0	'es, no, or unknown) (If yes, give war No	or dates of service)		Mrs Jeene	tte Garde	r-St. Joseph	n. Misson
	_	18. CAUSE OF DEATH (Enter only on	ne cause per line for	,,	IMID: Ocure	1	- 50. 005cp.	INTERVAL BETW
	PART I. DEATH WAS CAUSED BY:							
DOCUMEN		IMMEDIAT  Conditions, if any, )	DUE TO (b)	Corona	ry ac	clusi	on Few	Mondal Mondal
DOCUM	No.	Canditions, if any, which gave rise to above cause (a), stating the under-	DUE TO (b)	Corona	ry ac	clusi	on Few	
DOCLIA		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			<b>.</b>	the terminal	PART III. If decease there a pre-	d was female
		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		<b>.</b>	the terminal	there a pre-	d was female
POCHY	CERTIFICATION	Canditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond  19. WAS AUTOPSY 20a. ACCIDEN PERFORMED?	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS COntion given in PART I (a)	ONTRIBUTING TO DEAT	TH but not related to		there a pre-	d was female gnancy in last 90
	CAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond  19. WAS AUTOPSY PERFORMED? YES NO TO THE OF Hour Month, Dainnyy a.m.	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS CO IT OF THE PART I (a)  IT SUICIDE HOMICIDE	ONTRIBUTING TO DEAT	TH but not related to		there a pre-	d was female gnancy in last 90
	CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond  19. WAS AUTOPSY PERFORMED? YES NO 22  20c. TIME OF Houl Month, Da INJURY a.m. p.m.	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS COntrol (a)  IT SUICIDE HOMICIDE  Dy, Year	ONTRIBUTING TO DEAT	TH but not related to	(Enter nature of i	njury in PART I or PAR	d was female grancy in last 90
	CAL CERTIFICATION	Canditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond  19. WAS AUTOPSY PREFORMED? YES NO STATE OF Hour Month, Daily 1,000 Month, Dai	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS CO IT OF THE PART I (a)  IT SUICIDE HOMICIDE	20b. DESCRIBE HO	TH but not related to	(Enter nature of i	there a pre-	d was female grancy in last 90
	CAL CERTIFICATION	Canditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond.  19. WAS AUTOPSY PERFORMED? YES NO 200. TIME OF Hour Month, Dainnight Not white AT WORK NOT WHILE AT W	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS CONTINUES TO STATE OF THE PROPERTY	20b. DESCRIBE HO	TH but not related to  OW INJURY OCCURRED.  20f. CITY, TOWN, OR	(Enter nature of i	there a pre	d was female grancy in last 90
	TMD MEDICAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond  19. WAS AUTOPSY PERFORMED? YES NO ST.  20c. TIME OF Hout Month, Da INJURY e.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS	20b. DESCRIBE HO	TH but not related to DW INJURY OCCURRED.  20f. CITY, TOWN, OR	(Enter nature of i	there a pre	d was female gnancy in last 90 No Unk
	1057, M.D. MEDICAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond  19. WAS AUTOPSY PERFORMED? YES NO 22  20c. TIME OF Hour Month, Da INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 1  21. I attended the deceased from Death occurred at 122a_SIGNATURE	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS CONTINUES TO SERVICE HOMICIDE  DIV, Year  20e. PLACE OF INJURY (e. farm, factory, street, continues to service	20b. DESCRIBE HO	TH but not related to DW INJURY OCCURRED.  20f. CITY, TOWN, OR The date stated above, and 22b. ADDRESS	(Enter nature of i	njury in PART I or PAR  COUNTY	d was female gnancy in last 90 No Unk I II of item 18.)
VIT OF	(おんなナールン MEDICAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond  19. WAS AUTOPSY PERFORMED? YES NO REPORMED? YES NO REPORMED? YES NO REPORMED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK Death occurred at 223 SIGNATURE	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS CO  IT SUICIDE HOMICIDE  DIV, Year  20e. PLACE OF INJURY (e. farm, factory, street, c. farm, factory, st	20b. DESCRIBE HO	TH but not related to  OW INJURY OCCURRED.  20f. CITY, TOWN, OR  1 4 5 and  1 22b. ADDRESS  3 1 6 N 0 100	(Enter nature of i	njury in PART I or PAR  COUNTY	d was female grancy in last 90 Unk No Unk I II of item 18.)
VIT OF	(おんなナールン MEDICAL CERTIFICATION	Canditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond.  19. WAS AUTOPSY PERFORMED? YES NO 22  20c. TIME OF Hour Month, Da INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 1  21. I attended the decessed from Death occurred at 22a SIGNATURE  22a SIGNATURE  3a. BURIAL, CREMATION, 23b. DATE	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS CO ition given in PART I (a)  IT SUICIDE HOMICIDE  Ty, Year  20e. PLACE OF INJURY (e. farm, factory, street, c. farm, factory, street, street, c. farm, fact	20b. DESCRIBE HO  20b. DESCRIBE HO  g., in or about home, office bldg., etc.)  2 PM m on the	TH but not related to  OW INJURY OCCURRED.  20f. CITY, TOWN, OR  120b. ADDRESS  316 No 107  EMATORY  22cm. ADDRESS  22cm. ADDRESS  22cm. ADDRESS  22cm. ADDRESS  22cm. ADDRESS  22cm. ADDRESS	LOCATION  Locati	COUNTY  ce on DOA  my knowledge, from the county, town, or county)	d was female gnancy in last 90  No Unk I II of item 18.)  STAT  e causes stated.  22c. DATE SI  1-27  (State)
VIT OF	(おんなナールン MEDICAL CERTIFICATION	Canditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond  19. WAS AUTOPSY PERFORMED? YES NO R  20c. TIME OF Hour Month, Da INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 1  21. I attended the deceased from Death occurred at Peath occurred at Sa. BURIAL, CREMATION, REMOVAL (Specify)  Burial Feb. 2	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS CO ition given in PART I (a)  IT SUICIDE HOMICIDE  Ty, Year  20e. PLACE OF INJURY (e. farm, factory, street, c. farm, factory, street, street, c. farm, fact	20b. DESCRIBE HO  20b. DESCRIBE HO  g., in or about home, office bldg., etc.)  PM m on the description of the control of the c	TH but not related to  OW INJURY OCCURRED.  20f. CITY, TOWN, OR  20f. ADDRESS  21b, No 100  EMATORY  22c. Address  22c. Address	LOCATION  LOCATION  Location display the state of the best of the	COUNTY  c on DOA  my knowledge, from the county)  cph, Missour	d was female gnancy in last 90 Unk No Unk I II of item 18.)  STAT  e causes stated.  22c. DATE SI  1-27  (State)
0	W. D. Kast, M.D. MEDICAL CERTIFICATION	Canditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGN disease cond.  19. WAS AUTOPSY PERFORMED? YES NO 22  20c. TIME OF Hour Month, Da INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 1  21. I attended the decessed from Death occurred at 22a SIGNATURE  22a SIGNATURE  3a. BURIAL, CREMATION, 23b. DATE	DUE TO (b)  DUE TO (c)  NIFICANT CONDITIONS CO ition given in PART I (a)  IT SUICIDE HOMICIDE  DY, Year  20e. PLACE OF INJURY (e. farm, factory, street, c. farm, factory, str	20b. DESCRIBE HO  20b. DESCRIBE HO  g., in or about home, office bldg., etc.)  PM m on the letter of cemetery of critical parts.  25. DA	TH but not related to  OW INJURY OCCURRED.  20f. CITY, TOWN, OR  120b. ADDRESS  316 No 107  EMATORY  22cm. ADDRESS  22cm. ADDRESS  22cm. ADDRESS  22cm. ADDRESS  22cm. ADDRESS  22cm. ADDRESS	LOCATION  Locati	COUNTY  c on DOA  my knowledge, from the county)  cph, Missour	d was female gnancy in last 90 Unit III of item 18.)  STA'  c causes stated.  22c. DATE SI  2-27 -  (State)

2961 9 411/W

## STATEMENT BY LICENSED EMBALMER

Thereby termy find the body whose name is recorded on the reverse side of	or this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	On and
StudentSigned Signed	Allecho Ster of.
Signature of Student Embalmer	ensed Embalmer No. 4244
	O. Address - If Jose Jeh Ma
•	
Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his ON	WN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).	
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.	:
If this body is not embalmed, fact should be so stated above.	į.